24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	
	C C00544767
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
AMERICAN ACTION NEWS	08
Mailing Address 203 S UNION ST	Amount
SUITE 300	
City State Zip Code ALEXANDRIA VA 22314	2500.00 Transaction ID : SE24.90323
	Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATE OF AUGUST MONTHLY ONLINE ADVERTISING FEES Category/ Type	08
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
Mailing Address 117 N. SAINT ASAPH ST	08 02 2016
	Amount
City State Zip Code	10000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.90324 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATE OF AUGUST MONTHLY LIST RENTAL FEES Category/ Type	08 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	12500.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
24.0	8 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Stop Hillary PAC	C C00544767	
Check if 24-hour report X 48-hour report New report Amends report file	ed on M = M / D = D / Y = Y = Y	
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination	
	08 02 2016	
Mailing Address 117 N. SAINT ASAPH ST	Amount	
City State Zip Code	5000.00	
ALEXANDRIA VA 22314	Transaction ID : SE24.90325 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATE OF AUGUST MONTHLY FACEBOOK ADVERTISING Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Of	ice Sought: House District:	
HILLARY CLINTON Oppose	Y President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Display:	sbursement For: Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
CAMPAIGN SOLUTIONS	08	
Mailing Address 117 N. SAINT ASAPH ST	Amount	
City State Zip Code	10000.00	
ALEXANDRIA VA 22314	Transaction ID : SE24.90326 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATE OF AUGUST MONTHLY EXTERNAL DEPLOYMENT COSTS Category/ Type	08 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Of	fice Sought: House District:	
HILLARY CLINTON Oppose	President Senate State:	
	sbursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Dan Backer [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Stop Hillary PAC	C C00544767	
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay	
Full Name of Payee MDS COMMUNICATIONS	Date of Public Distribution/Dissemination	
	08 / 02 / 2016	
Mailing Address 545 W JUANITA AVE	Amount	
City State Zip Code	2000.00	
MESA AZ 85210	Transaction ID : SE24.90327 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATE OF AUGUST MONTHLY POLITICAL ADVOCACY CALLS Category/ Type	08 02 / 2016	
	ice Sought: House District:	
HILLARY CLINTON Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Dis 255152.49	bursement For: Primary General 6 Other (specify) ▶	
Full Name of Payee POLITICAL LIST BROKERS LLC	Date of Public Distribution/Dissemination	
Malling Address	08 / 02 / 2016	
PMB 826	Amount	
City State Zip Code	2500.00	
ALEXANDRIA VA 22314-2824	Transaction ID : SE24.90328 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATE OF AUGUST MONTHLY LIST RENTAL FEES AND ONLINE ADVERTISING Category/ Type	08 02 2016	
Name of Federal Candidate Support Off	ice Sought: House District:	
HILLARY CLINTON Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Dis 255152.49	sbursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	4500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	32000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
[Electronically Filed] Date	08 02 2016	
Signature		